Case 21-17037-JNP Doc 11 Filed 09/28/21 Entered 09/28/21 03:16:59 Desc Main Document Page 1 of 51

ation to identify your case a	and this filing:		
Walter	J.	Cronin, Jr	
First Name	Middle Name	Last Name	
First Name	Middle Name	Last Name	
ankruptcy Court for the:		District of New Jersey	
21-1703	7		☐ Check if this is an amended filing
orm 106A/B			
e A/B: Prope	rty		12/15
ribe Each Residence	, Building, La	nd, or Other Real Estate You Own or	Have an Interest In
o Part 2. ere is the property? elge Dr address, if available, or other	Wh:	at is the property? Check all that apply. Single-family home Duplex or multi-unit building	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.
State	ZIP Code	Manufactured or mobile home Land Investment property Timeshare	Current value of the entire property? Current value of the portion you own? \$203,850.00 \$203,850.00 Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.
		Debtor 1 only	Fee Simple Check if this is community property (see instructions)
	First Name First Name Bankruptcy Court for the: 21-1703 Drm 106A/B E A/B: Prope separately list and describe omplete and accurate as partach a separate sheet to cribe Each Residence on or have any legal or equition Part 2. ere is the property? dge Dr address, if available, or other of the potential of the property? ddge Dr address, if available, or other of the property?	First Name Middle Name Bankruptcy Court for the: 21-17037 Drm 106A/B e A/B: Property separately list and describe items. List an a complete and accurate as possible. If two mattach a separate sheet to this form. On the cribe Each Residence, Building, Land or have any legal or equitable interest in an accordance of the property? In or have any legal or equitable interest in an accordance is the property? In or have any legal or equitable interest in an accordance is the property? In or have any legal or equitable interest in an accordance is the property? In or have any legal or equitable interest in an accordance is the property? In or have any legal or equitable interest in an accordance is the property? In or have any legal or equitable interest in an accordance is the property? In or have any legal or equitable interest in an accordance is the property? In or have any legal or equitable interest in an accordance is the property? In or have any legal or equitable interest in an accordance is the property? In or have any legal or equitable interest in an accordance is the property? In or have any legal or equitable interest in an accordance is the property? In or have any legal or equitable interest in an accordance is the property? In or have any legal or equitable interest in accordance is the property? In or have any legal or equitable interest in accordance is the property? In or have any legal or equitable interest in accordance is the property? In or have any legal or equitable interest in accordance is the property? In or have any legal or equitable interest in accordance is the property?	First Name Middle Name Last Name Bankruptcy Court for the: District of New Jersey 21-17037 Dorm 106A/B e A/B: Property separately list and describe items. List an asset only once. If an asset fits in more than or complete and accurate as possible. If two married people are filing together, both are equivantach a separate sheet to this form. On the top of any additional pages, write your name cribe Each Residence, Building, Land, or Other Real Estate You Own or no read or have any legal or equitable interest in any residence, building, land, or similar proper to Part 2. Bege Dr Boddress, if available, or other option What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Other

Certified Market Analysis: \$226,500, less 10% Costs of Sale \$22,650 = \$203,850

\$203,850.00

Official Form 106A/B Schedule A/B: Property page 1

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages

you have attached for Part 1. Write that number here.....

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Deb	tor 1	Walter	J.	Cronin, Jr	Case number (if known)	21-17037
		First Name	Middle Name	Last Name		
Par	t 2: Desc	ribe Your Veh	icles			
					gistered or not? Include any vehicles ory Contracts and Unexpired Leases.	
3.	Cars, vans	, trucks, tractors	sport utility vehicles, mo	torcycles		
	☑ No ☐ Yes					
	163					
4.				creational vehicles, other vehic		
	Examples: E	loats, trailers, mo	ors, personal watercraft, fi	shing vessels, snowmobiles, mo	otorcycle accessories	
	Yes					
5.		-	-	our entries from Part 2, includ		\$0.00
	you have at	tached for Part 2	. Write that number here			→ 30.00
Par	t 3: Desc	ribe Your Per	sonal and Household	Items		
Do	you own or	have any legal o	r equitable interest in any	of the following items?		Current value of the
						portion you own? Do not deduct secured
						claims or exemptions.
6.		goods and furn	_	itahanyara		
	□ No	імајог аррпансе	s, furniture, linens, china, k			1
	7	scribe	General Household goods	s and furnishings.		\$4,000.00
7.	Electronics					•
	Examples:	Televisions and			ters, printers, scanners; music collections;	
	□ No	electronic device	es including cell phones, ca	meras, media players, games		1
	7	scribe	Various electronic devices	, televisions, computers, phones	3	\$1,200.00
	Collectible	n of value				J
8.	Examples:		urines; paintings, prints, or	other artwork; books, pictures,	or other art objects;	
	·			ther collections, memorabilia, c		
	✓ No ☐ Yes. De	scribe				
		l				
9.		for sports and h		obby equipment: bicycles pool t	ables, golf clubs, skis; canoes and kayaks;	
	<i>Ехапріс</i> з.		musical instruments	орру сущрттеті, рісусіся, росі і	abics, goir dubs, sais, cariocs and rayares,	
	✓ No ☐ Yes. De	ooribo				
	L ICS. DE	3011DG				
10.	Firearms	Distal 10		alata di a suda		
	Examples: No	Pistols, rifles, sh	otguns, ammunition, and r	elated equipment		1
	Yes. De	scribe				

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Debt	or 1	Walter	J.	Cronin, Jr	Case number (if known)	21-17037
		First Name	Middle Name	Last Name		
11.	Clothes Examples:	Everyday cloth	_	ner wear, shoes, accessories		1
	☐ No ✓ Yes. De:	scribe	Everyday clothing			\$500.00
12.	Jeweiry Examples:	Everyday jeweli	y, costume jewelry, engager	nent rings, wedding rings, heir	loom jewelry, watches, gems, gold, silver	1
		scribe	Watches			
	TIES. DE	scribe				\$200.00
13.	Non-farm a Examples: No Yes. De:	Dogs, cats, bir	ds, horses			
14.	Any other p	ersonal and ho	usehold items you did not	already list, including any hea	alth aids you did not list	
	-6					
	✓ No					
	Yes. De	scribe				
15	Add the del	ller value of all a	of your antriac from Bart 2	including any antrice for neg	oo you hayo attached	
15.				including any entries for pag		¢5 000 00
	for Part 3. V	Write that numb	er here			\$5,900.00
_		=.				
Par	t 4: Desci	ribe Your Fin	ancial Assets			
Do	vou own or l	have any legal o	or equitable interest in any	of the following?		Current value of the
Ъ	you own on	nave any legal c	or equitable interest in any	or the following:		portion you own?
						Do not deduct secured
						claims or exemptions.
16.	Cash					
	Examples:	Manayayayahay	o in vour wallot in vour home	e, in a safe deposit box, and on h	acand when you file your potition	
	•	woney you nav	e in your wailet, in your nome	e, in a sale deposit box, and on r	iand when you life your pennon	
	☐ No ☑ Yes					
	Yes				Cash	\$20.00
						Ψ20.00
17.	Deposits of	fmoney				
	Examples:	Checking, savi	ngs, or other financial accou	ints; certificates of deposit; sha	res in credit unions, brokerage houses, and othe	r
	•			ounts with the same institution,		
	☐ No					
	Yes					
			Institution name:			
			,			
	17.1. Check	ing account:	PNC Bank (Joint	account with Non Filing Spe	ouse) \$800.00	

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Deb	tor 1	Walter	J.	Cronin, Jr		Case number (if kno	own) 21-17037
		First Name	Middle Name	Last Name			
	17.2. Checkin	a coccupt:					
	17.2. CHECKIT	g account.					
	17.3. Savings	account:	PNC Bank (Joint acco	ount with Non Filing Spo	use)	\$400.00	
	17.4. Savings	account:					
	17.5. Certifica	tes of deposit:					
	17.6. Other fir	nancial account:					
	17.7. Other fir	nancial account:					
	17.8. Other fir	nancial account:					
	17.9. Other fir	nancial account:					
18.	Bonds, mutu	al funds, or publicly	traded stocks				
	Examples: E	Bond funds, investmen	t accounts with brokerage	firms, money market accou	nts		
	✓ No ☐ Yes						
	Institution or is	ssuer name:					
19.		traded stock and int nership, and joint ve		nd unincorporated busine	esses, including an	interest in	
	No Yes. Give information them	n about					
	Name of entity			% of own	ership:		
20.	Government	and corporate bond	s and other negotiable	and non-negotiable instru	ıments		
				ecks, promissory notes, and someone by signing or deliv			
	No Yes. Give information them	n about					
	Issuer name:						
						_	

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Debt	or 1	Walter	J.	Cronin, Jr		Case number (if know	n) 21-17037		
		First Name	Middle Name	Last Name					
21.		or pension ac		403(b), thrift savings accounts, o	r other pension or prof	it-sharing plans			
	✓ No ☐ Yes. List separate	each account ely.							
	Type of acco	unt:	Institution name:						
	401(k) or sin	nilar plan:							
	Pension plan	n:	_						
	IRA:								
	Retirement a	account:							
	Keogh:								
	Additional ad	ccount:							
22.	Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company								
				nat you may continue service or use oublic utilities (electric, gas, water)		companies, or			
	✓ No ☐ Yes								
	- 100		ution name or individual:						
	Electric:								
	Gas:								
	Heating oil:								
	Security dep	osit on rental ι	ınit:						
	Prepaid rent	: <u> </u>							
	Telephone:								
	Water:								
	Rented furni	ture:							
	Other:								

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Debt	or 1 <u>W</u>	Valter	J.	Cronin, Jr	Case number (if known)	21-17037
	Fi	irst Name	Middle Name	Last Name		
23.	Annuities (A cor		payment of money to you	, either for life or for a nur	mber of years)	
24.	26 U.S.C. §§ 530 No Yes	0(b)(1), 529A(b), ar 	•		er a qualified state tuition program. § 521(c):	
25.	Trusts, equitable benefit ✓ No ☐ Yes. Give spendinformation all	ecific	ts in property (other than	n anything listed in line	1), and rights or powers exercisable for your	
26.		ernet domain names	rade secrets, and other s, websites, proceeds fror		agreements	
27.	Examples: Buil	fessional licenses	eneral intangibles Isive licenses, cooperativ	re association holdings, li	quor licenses,	
Mone	ey or property ow	ved to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds owe	ed to you				
29.	No Yes. Give sp them, ir already	pecific information a ncluding whether you of filed the returns and ars	ou		Federal: State: Local:	
29.		st due or lump eum :	alimony spousal support	child support maintenan	ce, divorce settlement, property settlement	
	i as	ado or idinip duill	am. 1011, opododi support,	oa oapport, maintonant	os, alteres somethern, property somethern	

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Debt	tor 1	Walter	J.	Cronin, Jr	Case number (if known)	21-17037
		First Name	Middle Name	Last Name		
	✓ No ☐ Yes. Giv	e specific information.			Alizona	
					Alimony: Maintenance:	
					Support:	
					Divorce settlement:	
					Property settlement:	
30.	Examples:			disability benefits, sick pay, vacation pay, neone else	workers' compensation, Social	
	✓ No □ Yes Giv	e specific information.]
	_ 100. 0.1	o oposiio iliioimaasii.				
31.		nsurance policies Health disability or lif	e insurance: health savin	gs account (HSA); credit, homeowner's	or renter's insurance	
	✓ No	•		go account (1167 t), orealt, nomecomere	, or roman a modification	
	Yes. Nar of e	me the insurance comp each policy and list its v	oany value Company n	ame:	Beneficiary:	Surrender or refund value:
32.	Any interest	in property that is du	e you from someone wh	no has died		
	If you are the		-	om a life insurance policy, or are current	ly entitled to receive property	
	☑ No ☐ Yes Giv	e specific information.]
33.	_	-	-	d a lawsuit or made a demand for pay	ment	
	Examples: ✓ No	Accidents, employme	nt disputes, insurance cla	ims, or rights to sue		_
		scribe each claim				
34.	Other continuous to set off cla		ed claims of every natur	e, including counterclaims of the dek	btor and rights	
	☑ No					1
	☐ Yes. Des	scribe each claim				
35.	Any financia	l assets you did not a	ready list			
	✓ No]
		e specific information.				

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Debt	or 1	Walter	J.	Cronin, Jr	Case number (if known) 21-17	037
		First Name	Middle Name	Last Name		
36.				, including any entries for page		\$1,220.00
Par	t 5: Descr	ibe Any Busine	ess-Related Prope	rty You Own or Have an I	Interest In. List any real estate in Part 1.	
37.	Do you own	or have any legal	or equitable interest in	any business-related property	?	
	☑ No. Go to					
	Yes. Go to	o line 38.				
					por Do	rent value of the tion you own? not deduct secured ms or exemptions.
38.	Accounts red	ceivable or commi	ssions you already ear	ned		
	√ No					
	Yes. Des	cribe				
39.	Office equip	ment, furnishings	and cumplies			
55.			•	odems, printers, copiers, fax mad	hines, rugs, telephones, desks, chairs, electronic devic	es
	√ No					
	Yes. Des	cribe				
					_	
40.	_	xtures, equipmen	t, supplies you use in l	ousiness, and tools of your trac	de	
	✓ No ☐ Yes. Des	cribe				
41.	Inventory					
	√ No					
	Yes. Des	cribe				
42.		partnerships or jo	int ventures			
	✓ No ☐ Yes. Des	cribe				
	Name of entit	ty:		% of own	nership:	
					%	
43.	Customer lis No	sts, mailing lists, o	or other compilations			
		your lists include p	personally identifiable	information (as defined in 11 U.	S.C. § 101(41A))?	
		No Yes. Describe				

Official Form 106A/B Schedule A/B: Property page 8

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Debt	_	Valter irst Name	J. Middle Name	Cronin, Jr Last Name	Case number (if known)	21-17037
44.	Any business-re ✓ No ☐ Yes. Give sp information		did not already list			
45.		-		cluding any entries for page		\$0.00
Par			Commercial Fishin		ou Own or Have an Interest In.	
46.	Do you own or ✓ No. Go to Pa ☐ Yes. Go to lin	urt 7.	quitable interest in any	/ farm- or commercial fishii	ng-related property?	Current value of the
						portion you own? Do not deduct secured claims or exemptions.
47.	☑ No ☐ Yes	growing or harves				
49.	Farm and fishin No Yes		ements, machinery, fix	ctures, and tools of trade		
50.	Farm and fishin No Yes	ng supplies, chemic	als, and feed			
51.	Any farm- and o No Yes. Give sp information	pecific	related property you o	lid not already list		
52.		-		cluding any entries for page		\$0.00

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Deb	tor 1	Walter	J.	Cronin, Jr	Case number (if known)	<u>21-17037</u>			
		First Name	Middle Name	Last Name					
Par	t 7: Descri	be All Proper	ty You Own or Have a	an Interest in That You Did	Not List Above				
53.	-	Season tickets, co	any kind you did not alrea	ady list?					
54.	Add the dolla	ar value of all of y	our entries from Part 7. W	/rite that number here	 →	\$0.00			
Par	Part 8: List the Totals of Each Part of this Form								
55.	Part 1: Total	real estate, line 2.				\$203,850.00			
56.	Part 2: Total	vehicles, line 5		\$0.00					
57.	Part 3: Total	personal and hou	sehold items, line 15	\$5,900.00					
58.	Part 4: Total f	financial assets, li	ne 36	\$1,220.00					
59.	Part 5: Total I	business-related	property, line 45	\$0.00					
60.	Part 6: Total	farm- and fishing	-related property, line 52	\$0.00					
61.	Part 7: Total	other property no	ot listed, line 54	+\$0.00					
62.	Total persona	al property. Add li	nes 56 through 61	\$7,120.00	Copy personal property total → +_	\$7,120.00			
63.	Total of all pr	operty on Sched	u le A/B. Add line 55 + line 6	52		\$210,970.00			

Official Form 106A/B Schedule A/B: Property page 10

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			Document	Page II 0151			
Fill in this information to	identify your case:						
Debtor 1	Walter First Name	J. Middle Name	Cronin, Jr Last Name				
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name				
United States Bankrupt	tcy Court for the:		District of New Je	rsey			
Case number (if known)	21-17037					Check if this is an amended filing	
Official Form	106C						
Schedule C	: The Prop	oerty Yo	u Claim a	s Exempt			04/19
property you listed on S	chedule A/B: Prope	rty (Official Form	106A/B) as your sou	urce, list the property that	you claim as exen	g correct information. Using npt. If more space is needed, me and case number (if kno	fill out and
exemptions—such as the	hose for health aids 00% of fair market v ur exemption would	, rights to receive alue under a law be limited to the	e certain benefits, and that limits the exem applicable statutory	nd tax-exempt retirement aption to a particular dolla	t funds-may be u	cable statutory limit. Some inlimited in dollar amount. He value of the property is dete	
 You are claimin You are claimin 	g state and federal no	onbankruptcy exer	nptions. 11 U.S.C. § 5 (b)(2)				
				he information below.			
Brief description of the Schedule A/B that lists			ent value of the ion you own	Amount of the exemption	on you claim	Specific laws that allow ex	emption
		• •	the value from edule A/B	Check only one box for ea	ach exemption.		
Brief description: 4 Bridge Dr Blackwood Line from Schedule A/B: 1.1			\$203,850.00	\$18,850. 100% of fair market value any applicable statut	alue, up to	11 U.S.C. § 522(d)(1)	
Brief description: General Household god Line from Schedule A/B: 6	ods and furnishings.		\$4,000.00	\$4,000.0 100% of fair market vany applicable statut	alue, up to	11 U.S.C. § 522(d)(3)	

√ No

☐ No☐ Yes

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

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Debtor 1 Walter J. Cronin, Jr Case number (if known) 21-17037
First Name Middle Name Last Name

Part 2: Additional Page							
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption				
	Copy the value from Schedule A/B	Check only one box for each exemption.					
Brief description: Various electronic devices, televisions, computers, phones Line from Schedule A/B: 7	\$1,200.00	\$1,200.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)				
Brief description: Everyday clothing Line from Schedule A/B:11	\$500.00	\$500.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)				
Brief description: Watches Line from Schedule A/B: 12	\$200.00	\$200.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)				
Brief description: Cash Line from Schedule A/B:16	\$20.00	\$20.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)				
Brief description: PNC Bank (Joint account with Non Filing Spouse) Checking account Line from Schedule A/B: 17	\$800.00	\$800.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)				
Brief description: PNC Bank (Joint account with Non Filing Spouse) Savings account Line from Schedule A/B: 17	\$400.00	\$400.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)				

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				Document	Page 13 of 51				
Fill	in this information to	identify your case:							
De	ebtor 1	Walter First Name	J. Middle Name	Cronin, Jr Last Name					
	ebtor 2 pouse, if filing)	First Name	Middle Name	Last Name					
Ur	nited States Bankrup	tcy Court for the:		District of New Je	ersey				
	ase number _ known)	21-17037					Check if to amended		
Of	ficial Form	106D							
Sc	chedule D	: Creditor:	s Who H	lave Clair	ns Secured	l by Prope	erty	1	12/15
5	Yes. Fill in all of the rt 1: List All Se	e information below. cured Claims ims. If a creditor has n	nore than one se	cured claim, list the c		o report on this form. Column A	Column B	Column C	
		than one creditor has claims in alphabetical			ors in Part 2. As much e.	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any	
2.1	Midland Mortgage Creditor's Name a division of MidFin			the property that see Dr Blackwood, NJ 08		\$185,000.00	\$203,850.00		\$0.00
	PO Box 26648 Number Stree Oklahoma City, OK City		As of the d	gent	is: Check all that apply.				
	Who owes the del ✓ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and De	ot? Check one.	☐ Dispute Nature of ✓ An agre						
		ne debtors and another	☐ Statuto	ory lien (such as tax li ent lien from a lawsu (including a right to c	it				

Date debt was incurred

Last 4 digits of account number 8 9 3 2

Add the dollar value of your entries in Column A on this page. Write that number here:

\$185,000.00

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Debtor 1	Walter	J.		Cronin, Jr		Case number	er (if known) 21-1703	7
	First Name	Middle	Name	Last Name				
Part 1:	Additional Page After listing any e 2.3, followed by 2.			number them beg	jinning with	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.2			es the claim:					
Creditor	's Name							
City Who ov Debri Debri At le	City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred			As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account number				
Add th	e dollar value of your e	ntries in Col	umn A on thi	mber here:		\$0.00		
	is the last page of your f			·				

Case	21-17037-JN		Filed 09/28/21 Document Pa	Entered (age 15 of 51		3:16:59	Desc Mai	in	
Fill in this information to	identify your case:								
Debtor 1	Walter First Name	J. Middle Name	Cronin, Jr Last Name						
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name						
United States Bankrup	otcy Court for the:		District of New Jersey						
Case number (if known)	21-17037	7					Check if this is amended filing		
Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims									
any executory contracts Schedule G: Executory D: Creditors Who Hold the Continuation Page	Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to my executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).								
Part 1: List All of									
 Do any creditors h □ No. Go to Part Yes. 		red claims against	you?						
identify what type of possible, list the classible Part 1. If more than	of claim it is. If a claim aims in alphabetical o n one creditor holds a	has both priority an order according to the a particular claim, lis	more than one priority un d nonpriority amounts, list e creditor's name. If you h st the other creditors in Pa ns for this form in the instr	that claim here and ave more than two rt 3.	d show both prior	rity and nonpric	rity amounts. As	s much as	
								Nonpriority amount	
- · ·						unknaum	unlmaum	unknaum	

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Debtor 1	Walter First Name	J. Middle Name	Cronin, Jr Last Name	Case number (if known) 21-17037
	r PRIORITY Unse	cured Claims - Cor		forth. Total Priority Nonpriority
Aiter listing a	iy entries on this pag	ge, number them beginn	ing with 2.3, followed by 2.4, and so	claim amount amount
21 Holly Number West B City Who inc Deb Deb At le	reditor's Name	y and another a community debt	Last 4 digits of account number of the was the debt incurred? As of the date you file, the claim is apply. Contingent Unliquidated Disputed Type of PRIORITY unsecured claim Domestic support obligations Taxes and certain other debts you government Claims for death or personal injuntoxicated Other. Specify Domestic Support Receipien	m: ou owe the jury while you were

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Last All of Your NONPRIGHTY Unsecured Claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules.	Debtor 1	Walter	J.	Cronin, Jr	Case number (if known) 21-17037
3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules.		First Name	Middle Name	Last Name	
No. You have northing to report in this part. Submit this form to the count with your other schedules.	Part 2: L	ist All of Your NON	PRIORITY Unsecu	red Claims	
No. You have northing to report in this part. Submit this form to the count with your other schedules.	3. Do anv	/ creditors have nonprior	itv unsecured claims a	gainst vou?	
Size Lest all of year nampsfority unsecured claims in the algorishetical order of the creditior who holds each claim. If a condition has more than one nocroticity, the claim list of the credition parametry for each dism. The each dism black (Leerfly what type of claim it is. Do not far claims already included of Pert 1. If more than one credition holds a particular claim, list the other creditions in Pert 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Pert 2. Samphor Size Lest 4 digits of account number S1220.00	_		-	= -	other schedules.
unsecured claim, list the créditor separately for each claim. For each claim listed, isentity what type of claim it is. Do not list claims already included methan one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 3. If you have more than three nonpriority unsecured daims fill out the Continuation Page of Part 3. If you have more than three nonpriority unsecured daims fill out the Continuation Page of Part 3. If you have more than three nonpriority unsecured daims fill out the Continuation Page of Part 3. If you have more than three nonpriority unsecured daims fill out the Continuation Page of NonPart 2 in the claim subject to offset? Debtor 1 and Debtor 2 only				, , , , , , , , , , , , , , , , , , , ,	
unsecured claim, list the créditor separately for each claim. For each claim listed, isentity what type of claim it is. Do not list claims already included methan one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 3. If you have more than three nonpriority unsecured daims fill out the Continuation Page of Part 3. If you have more than three nonpriority unsecured daims fill out the Continuation Page of Part 3. If you have more than three nonpriority unsecured daims fill out the Continuation Page of Part 3. If you have more than three nonpriority unsecured daims fill out the Continuation Page of NonPart 2 in the claim subject to offset? Debtor 1 and Debtor 2 only			cured claims in the alp	habetical order of the credit	tor who holds each claim. If a creditor has more than one nonpriority
Sank of America Last 4 digits of account number S1,20.00	unsecu than or	ured claim, list the creditor	separately for each clair	m. For each claim listed, iden	tify what type of claim it is. Do not list claims already included in Part 1. If more
Last 4 digits of account number					Total claim
Nonpriority Creditor's Name PO Box 98238 Number Street E Paso, TX 7998 City State ZiP Code Unliquidated Disputed Unliquidated Disputed Unliquidated Disputed Disputed Contingent Student loans Student loa	4.1 Ban	nk of America		l ant 4 dinita	\$1,220.00
Po Box 982238 Number Street El Paso, TX 7998 Contingent Co				J	
Contingent Unliquidated Disputed Unliquidated Disputed Unliquidated Disputed Unliquidated Disputed Di	РО	Box 982238			
Unliquidated Disputed Dispu					
Who incurred the debt? Check one. Disputed Dispute		aso, TX 79998	0: : 710.0	•	
Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 6 onl	•				
Debtor 2 only Debtor 1 and Debtor 2 orly Debtor 1 only Debtor 1 and Debtor 2 orly Debtor 1 and Debtor 2 orly Debtor 1 only Debtor 1 and Debtor 2 orly Debtor 1 only Debtor 2 only Debtor 1 only			eck one.	•	
Debtor 1 and Debtor 2 only		•		_	
At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? Saft Lake City, UT 84131 Check if this claim is better to offset? Saft Lake City, UT 84131 Check if this claim is better to offset? Saft Lake City, UT 84131 Check if this claim is for a community debt is the claim subject to offset? Saft Lake City, UT 84131 Check one. Saft Lake City, UT 84131 Check one is the claim subject to offset? Saft Lake City, UT 84131 Check one. Saft Lake City, UT 84131 Check one is the claim subject to offset? Saft Lake City, UT 84131 Check one is the claim subject to offset? Saft Lake City, UT 84131 Check one is the claim subject to offset? Saft Lake City, UT 84131 Check one is the claim subject to offset? Saft Lake City, UT 84131 Check offset? Saft Saft Saft Saft Saft Saft Saft Saft	_	•	V.	=	
Check if this claim is for a community debt is the claim subject to offset?	_	· ·		divorce t	nat you did not report as priority claims
Is the claim subject to offset? Continuer Debt	_				
Second Post			•	—	
Yes Capital One Bank, USA, N.A. Last 4 digits of account number \$2,185.00		-		_ 0.1101.01	
Last 4 digits of account number Salt Lake City, UT 84131 City State ZIP Code Disputed		Yes		Oonsun	
Nonpriority Creditor's Name PO Box 31293 Number Street Salt Lake City, UT 84131 City State ZIP Code Disputed Disputed Type of NoNPRIORITY unsecured claim: Saltober 1 and policy 2 only Debtor 1 and poletor 2 only Debtor 1 street Debts to pension or profit-sharing plans, and other similar debts Salt Lake City, UT 84131 City State ZIP Code Type of NoNPRIORITY unsecured claim: Student loans Debts to pension or profit-sharing plans, and other similar debts Salt Lake City, UT 84131 City State ZIP Code Who incurred the debt? Check one. Salt Lake City, UT 84131 Debts of a lake sone of the debtors and another Debts of a lake sone of the debt? Check one. Salt Lake City, UT 84131 Debts of a lake sone of the debts and another Debts of a lake sone of the debts and another Student loans Debts of a separation agreement or divorce that you did not report as priority claims Student loans Student loans Student loans Student loans Student loans Debts of a net part and pebtor 2 only Student loans Debts of pension or profit-sharing plans, and other similar debts Student loans Debts of pension or profit-sharing plans, and other similar debts Student loans Debts of pension or profit-sharing plans, and other similar debts Student loans Debts of pension or profit-sharing plans, and other similar debts Student loans Debts of pension or profit-sharing plans, and other similar debts Student loans Debts of pension or profit-sharing plans, and other similar debts Student loans Debts of pension or profit-sharing plans, and other similar debts Student loans Debts of pension or profit-sharing plans, and other similar debts Student loans Debts of pension or profit-sharing plans, and other similar debts Student loans Debts of pension or	4.2 Car	nital One Bank IISA N A		1 4 -1111-	\$2,185.00
PO Box 31293			١.	Last 4 digits	of account number
Salt Lake City, UT 84131 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only	РО	Box 31293			
City State ZIP Code Who incurred the debt? Check one. Who incurred the debt? Check one. Disputed Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 1 and Debtor 3 only Debtor 1 and Debtor 3 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only 0	Num	ber Street			
Who incurred the debt? Check one. Disputed		Lake City, UT 84131	01.1. 710.0.1		
Debtor 1 only	•				
Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 not Debtor 3 and another Debtor 4 not Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Debtor 2 only At least one of the debtors and another Debtor 2 only At least one of the debtors and another Debtor 3 and Debtor 2 only At least one of the debtors and another Debtor 5 pecify Debtor 6 and Debtor 2 only At least one of the debtors and another Debtor 5 pecify Debtor 6 and Debtor 8 periodic plans, and other similar debts Debtor 9 periodic profit-sharing plans, and other similar debts Debtor 9 periodic profit-sharing plans, and other similar debts Debtor 9 periodic profit-sharing plans, and other similar debts Debtor 9 periodic profit-sharing plans, and other similar debts Debtor 9 periodic profit-sharing plans, and other similar debts Debtor 9 periodic profit-sharing plans, and other similar debts Debtor 9 periodic profit-sharing plans, and other similar debts Debtor 9 periodic profit-sharing plans, and other similar debts Debtor 9 periodic profit-sharing plans, and other similar debts Debtor 9 periodic profit plans priodic plans priodic profit			eck one.		
Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? ✓ No Yes Capital One Bank, USA, N.A. Nonpriority Creditor's Name PO Box 31293 Number Street Salt Lake City, UT 84131 City State ZIP Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? ✓ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Other. Specify Consumer Debt Salt Lake 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Type of NONPRIORITY unsecured claim: Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? ✓ Other. Specify Other. Specify					
At least one of the debtors and another Check if this claim is for a community debt Sthe claim subject to offset? Other. Specify Consumer Debt	_	•	,	_	
Check if this claim is for a community debt Is the claim subject to offset? Is the claim is for a community debt Is the claim subject to offset? Is the					
Is the claim subject to offset? Solitar Capital One Bank, USA, N.A. Nonpriority Creditor's Name PO Box 31293 Number Street Salt Lake City, UT 84131 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtors and another Check if this claim is for a community debt Is the claim subject to offset? Other. Specify				Debts to	pension or profit-sharing plans, and other
Capital One Bank, USA, N.A. Last 4 digits of account number \$310.00			•	_	
Yes Salt Lake City, UT 84131 Contingent State ZIP Code Unliquidated Disputed					
Nonpriority Creditor's Name PO Box 31293 Number Street Salt Lake City, UT 84131 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify		Yes		Jonoun	
Nonpriority Creditor's Name PO Box 31293 Number Street Salt Lake City, UT 84131 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify	4.3 Car	nital One Bank IISA N A		l ant 4 divite	\$310.00
As of the date you file, the claim is: Check all that apply. Salt Lake City, UT 84131 City State ZIP Code Unliquidated Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify			1.	J	
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City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Unliquidated Disputed Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify					
Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify		Lake City, UT 84131	04-4- 7ID 0-4-	_	
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify	•	- t		•	
 □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ Student loans ○ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify 			CK UNE.	•	
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify	_	· ·		<u></u>	
 □ At least one of the debtors and another □ Check if this claim is for a community debt □ Is the claim subject to offset? □ Other. Specify divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts Other. Specify 		•	V		
☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ Other. Specify ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify				divorce t	nat you did not report as priority claims
Is the claim subject to offset? Other. Specify				Debts to	pension or profit-sharing plans, and other
Other. Specify			-	—	

☐ Yes

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Debto	r 1 Walter	J.	Cronin, Jr	Case number (if known)	21-17037			
	First Name	Middle Name	Last Name					
Part	2: Your NONPRIORITY	Unsecured Claim	s - Continuation Page					
After	listing any entries on this pag	ge, number them begi	inning with 4.5, followed by 4.6, and so for	rth.	Total claim			
4.4	CBNA		Last 4 digits of account r	number	\$158.00			
	Nonpriority Creditor's Name		•					
	PO Box 6497		When was the debt incu					
	Number Street		_	e claim is: Check all that apply.				
	Sioux Falls, SD 57117 City	State ZIP Code	Contingent					
	Who incurred the debt? Che		■ Unliquidated					
	Debtor 1 only	eck one.	Disputed					
	_		Type of NONPRIORITY u	nsecured claim:				
	Debtor 2 only		Student loans					
	Debtor 1 and Debtor 2 only		Obligations arising ou	ut of a separation agreement or				
	At least one of the debtors		_	ot report as priority claims				
	☐ Check if this claim is for	a community debt	Debts to pension or pi similar debts	profit-sharing plans, and other				
	Is the claim subject to offset	?	Other. Specify					
	☑ No		Consumer Debt					
	☐ Yes							
4.5	Mariner Finance		Look A digito of population	n	\$1,716.00			
	Nonpriority Creditor's Name		Last 4 digits of account r					
	8211 Town Center Drive		When was the debt incur					
	Number Street		_	e claim is: Check all that apply.				
	Nottingham, MD 21236		Contingent					
	City	State ZIP Code	Unliquidated					
	Who incurred the debt? Che	eck one.	Disputed					
	Debtor 1 only		Type of NONPRIORITY u	nsecured claim:				
	Debtor 2 only		Student loans	☐ Student loans				
	Debtor 1 and Debtor 2 only	y	Obligations arising ou	ut of a separation agreement or				
	$oldsymbol{\square}$ At least one of the debtors	and another		ot report as priority claims				
	☐ Check if this claim is for	a community debt		profit-sharing plans, and other				
	Is the claim subject to offset	?	similar debts					
	☑ No		Other. Specify Consumer Debt					
	☐ Yes		Gonsanier Best					
4.6	PNC Bank		Last 4 digits of account r	number <u>2822</u>	\$11,899.65			
	Nonpriority Creditor's Name		When was the debt incur	rred?				
	PO Box 5570			e claim is: Check all that apply.				
	Number Street		☐ Contingent	o diaminor oneon an trial apply.				
	Cleveland, OH 44101	State ZIP Code	Unliquidated					
	Who incurred the debt? Che		· ·					
	Debtor 1 only	CK OHE.	☐ Disputed					
	_		Type of NONPRIORITY u	insecured claim:				
	_		Student loans					
	Debtor 1 and Debtor 2 only	,		ut of a separation agreement or ot report as priority claims				
	At least one of the debtors			' ' '				
	☐ Check if this claim is for	•	similar debts	profit-sharing plans, and other				
	Is the claim subject to offset	?	☑ Other. Specify					
	☑ No		Consumer Debt					
	☐ Yes							

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Debtor 1	Walter	J.	Cronin, Jr	Case number (if known) 21-17037
	First Name	Middle Name	Last Name	
Part 2: You	ır NONPRIORITY	Unsecured Claims	- Continuation Page	
After listing a	ny entries on this pa	ge, number them begini	ning with 4.5, followed by 4.6, and	d so forth. Total claim
Nonprior PO Book Number Sioux I City Who in Det Det At let	ome Depot ity Creditor's Name c 7032 Street Falls, SD 57117 curred the debt? Chotor 1 only otor 2 only otor 1 and Debtor 2 on east one of the debtors eck if this claim is for	ly s and another a community deb t	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIO ☐ Student loans ☐ Obligations aridivorce that yo	file, the claim is: Check all that apply. RITY unsecured claim: sing out of a separation agreement or u did not report as priority claims on or profit-sharing plans, and other

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Debtor 1	Walter	J.	Cronin, Jr			Case number (if k	(nown) 21-17037
	First Name	Middle Name	Last Name				
Part 4: Add	the Amounts fo	r Each Type of Unse	ecured Claim				
		pes of unsecured claim	s. This information	is for s	tatist	ical reporting purposes only. 28 U.S.C	C. §159. Add the amounts for each
type of unse	ecured claim.						
						Total claim	
Total claims	6a. Domestic su	pport obligations		6a.		\$0.00	
from Part 1	6b. Taxes and ce government	rtain other debts you ow	e the	6b.		\$0.00	
	6c. Claims for de were intoxica	hile you	6c.		\$0.00		
	6d. Other. Add all other priority unsecured clawrite that amount here.		claims.	6d.	+	\$4,065.00	1
	6e. Total. Add line	es 6a through 6d.		6e.		\$4,065.00	
						Total claim	
Total claims	6f. Student loans	s		6f.		\$0.00	
from Part 2		arising out of a separation divorce that you did not see that you did not see that you did not see the see that you did not see that yo		6g.		\$0.00	
	6h. Debts to pen other similar	sion or profit-sharing pl debts	ans, and	6h.		\$0.00	
	6i. Other. Add all Write that amo	other nonpriority unsecur ount here.	ed claims.	6i.	+	\$17,854.65	1
	6j. Total. Add line	es 6f through 6i.		6j.		\$17,854.65	

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Fill in this information to	o identify your case:			
Debtor 1	Walter	J.	Cronin, Jr	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:			District of New Jersey	
Case number (if known)	21-1703	7		

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☑No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or o	company with whon	n you hav	e the contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.3					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.4					
	Name				
	Number	Street			
	City		State	ZIP Code	

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				Document	Page 22 01 5	1
Fill	in this information to	identify your case:				
De	ebtor 1	Walter	J.	Cronin, Jr		
_		First Name	Middle Name	Last Name		
	ebtor 2 pouse, if filing)	First Name	Middle Name	Last Name		
Ur	nited States Bankrup	tcy Court for the:		District of New Je	rsey	
	ase number known)	21-17037				Check if this is an amended filing
Of	ficial Form	106H				_
Sc	hedule H	I: Your Co	debtors			12/15
both	are equally respon	sible for supplying	correct information	on. If more space is	needed, copy the Add	ccurate as possible. If two married people are filing together, litional Page, fill it out, and number the entries in the boxes on and case number (if known). Answer every question.
2.	✓ No ☐ Yes Within the last 8 Louisiana, Nevad ✓ No. Go to line ☐ Yes. Did your : ☐ No ☐ Yes. In whi	years, have you live a, New Mexico, Puer 3. spouse, former spous ch community state o	d in a community to Rico, Texas, Wa se, or legal equival	/ property state or te ashington, and Wisco lent live with you at th	nsin.) e time?	property states and territories include Arizona, California, Idaho, ill in the name and current address of that person.
	Number	Street				
	City		State ZIP Co			
3.	codebtor only if	that person is a gua	rantor or cosigne	er. Make sure you ha	ve listed the creditor	e is filing with you. List the person shown in line 2 again as a on Schedule D (Official Form 106D), Schedule E/F (Official G to fill out Column 2.
	Column 1: Your co	debtor				Column 2: The creditor to whom you owe the debt
						Check all schedules that apply:
3.1						Schedule D, line

Official Form 106H Schedule H: Your Codebtors Page 1 of 1

Schedule E/F, line _____

Schedule G, line ____

Name

Number

City

Street

State

ZIP Code

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			Docu	ment Pa	aye	23 01 5	ΣŢ				
Fill	in this information to	identify your case	e:								
D	ebtor 1	Walter	J. Cro	onin, Jr							
		First Name	Middle Name Lasi	t Name							
	ebtor 2 Spouse, if filing)	First Name	Middle Name Las	t Name					Check if this is:		
	nited States Bankrup			ct of New Jersey					An amended fi	ling	
	·	,		of New Jersey					☐A supplement		
_	ase number known)	21-17	J37						chapter 13 inco	ome as of t	he following date
									MM / DD / YY	YY	
Of	ficial Form	106I									
	chedule I:		rome								12/15
			e. If two married people are fi	iling together (De		r 1 and Dabt	ou 2) both		woodha raananaihla fa	r a mah da	
spo addi	use is not filing with itional pages, write y	you, do not incl	iling jointly, and your spouse ude information about your s se number (if known). Answ	spouse. If more	spac						
1.	Fill in your employs	ment		Debtor 1					Debtor 2 or no	n-filing sp	ouse
	If you have more tha	an one job,	Employment status	✓ Employed □	No	t Employed			✓ Employed □ Not		
	attach a separate pa information about ac employers.	•	Occupation	Auto Body Tech	nicia	an					
	Include part time, se	easonal or	Employer's name	Salem County	Colli	sion			Auto Lenders Liquida	ation Cente	er, Inc.
	self-employed work.		Employer's address						104 Route 73		
	Occupation may incor homemaker, if it a			Number Street					Number Street		
	or nomemaker, in it a	арріісь.									
									Voorhees, NJ 08043		
				City		State	Zip Code	•	City	State	Zip Code
			How long employed there?	2 months						<u> </u>	
Pa	art 2: Give Deta	ils About Mor	thly Income								
	Estimate menthly	income on of the	data varifila this forms. If you	hava nathing to r	000	t for one line	write CO in t	.hn		filing analy	ao unlaca vou
	are separated.	income as or the	date you file this form. If you	nave nothing to r	epoi	t for any line,	, write 50 in i	ine sp	ace. Include your non	-IIIIng spou	se uniess you
	If you or your non-fill attach a separate sh		nore than one employer, comb	ine the informatio	n for	all employer	s for that per	rson o	on the lines below. If yo	ou need mo	re space,
						For	Debtor 1		For Debtor 2 or non-filing spouse		
2.			d commissions (before all pa ate what the monthly wage wo		2.		\$5,096.00		\$2,946.67		
3.	Estimate and list m	nonthly overtime	pay.		3.	+	\$0.00	+	\$0.00		
								- I		7	

\$5,096.00

\$2,946.67

4. Calculate gross income. Add line 2 + line 3.

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Case number (if known) 21-17037 Debtor 1 Walter Cronin, Jr First Name Middle Name Last Name For Debtor 1 For Debtor 2 or non-filing spouse \$5,096.00 Copy line 4 here.....→ 4. \$2,946.67 List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5a. \$1,279.00 \$556.12 5b. Mandatory contributions for retirement plans 5b. \$0.00 \$0.00 5c. Voluntary contributions for retirement plans 5c. \$0.00 \$0.00 5d. Required repayments of retirement fund loans 5d. \$0.00 \$0.00 5e. Insurance 5e. \$0.00 \$639.02 5f. Domestic support obligations 5f. \$459.00 \$0.00 5q. Union dues 5g. \$0.00 \$0.00 \$78.69 5h. Other deductions. Specify: See additional page 5h \$0.00 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. \$1,738.00 \$1,273.83 Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$3,358.00 \$1,672.84 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. \$0.00 \$0.00 8b. Interest and dividends 8h \$0.00 \$0.00 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$0.00 \$0.00 8d. Unemployment compensation 8d. \$0.00 \$0.00 8e. Social Security 8e. \$0.00 \$0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: . 8f. \$0.00 \$0.00 \$0.00 8g. Pension or retirement income \$0.00 8g. 8h. Other monthly income. Specify: Avg Monthly Commissions \$0.00 \$80.00 8h. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. \$0.00 \$80.00 9. 9 Calculate monthly income. Add line 7 + line 9. \$3.358.00 \$1.752.84 \$5,110,84 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse 10. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. \$0.00 11. + 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12. \$5,110.84 Combined monthly income Do you expect an increase or decrease within the year after you file this form? **✓**No. Yes. Explain:

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ebtor 1	Walter	J.	Cronin, Jr	Case number (if known) 21-17037
	First Name	Middle Name	Last Name	
				Amount
Th Other D	advetiana Fan Dabta	- 2 filin		
	eductions For Debto	r 2 or non-filing spouse	9	\$70.9

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				Document	Page 26 01 51				
Fil	l in this information to i	dentify your case:							
D	ebtor 1	Walter	J.	Cronin, Jr					
	-	First Name	Middle Name	Last Name		Check if	this is:		
D	ebtor 2					☐An ar	mended filing		
(5	Spouse, if filing)	First Name	Middle Name	Last Name			oplement showing p		
U	Inited States Bankrupto	cy Court for the:		District of New	Jersey	cnap	ter 13 income as of	the following date:	
_	ase number f known)	21-1703	7			MM /	DD/YYYY		
Oi	fficial Form	106J							
S	chedule J:	Your Ex	oenses						12/15
Pa	Is this a joint case? No. Go to line 2. Yes. Does Debto	our Household	te household?		write your name and case		known). Answer e	every question.	
2.	Do you have depen	dents?	□No	<u>, , , , , , , , , , , , , , , , , , , </u>					
	Do not list Debtor 1 a Debtor 2.	and	Yes. Fill out this each dependen		Dependent's relationship Debtor 1 or Debtor 2	p to	Dependent's age	Does dependent live with you?	
	Do not state the depe	endents' names.	cacii acpenacii		Child		10	□No. ☑ Yes.	
						_			
								☐No. ☐Yes.	
								☐ No. ☐ Yes.	
								☐ No. ☐ Yes.	
								☐No. ☐Yes.	
3.	Do your expenses in of people other than your dependents?	•	☑ No □Yes						
Pá	art 2: Estimate	'our Ongoina M	onthly Expense	es					
Es	timate your expenses	as of your bankru	uptcy filing date un	less you are usir	ng this form as a suppleme			oort expenses as of a dat	te after
the	e bankruptcy is filed.	If this is a supplen	nental <i>Schedule J</i> , o	check the box at	the top of the form and fil	I in the app	licable date.		
	clude expenses paid f ch assistance and ha						You	ir expenses	
4.	The rental or home of ground or lot.	ownership expens	es for your residen	ce. Include first n	nortgage payments and any	rent for the	4	\$1,762.33	
	If not included in lin	ne 4:							
	4a. Real estate taxes						4a	\$0.00	
	4b. Property, homeov	vner's, or renter's ir	nsurance				4b	\$0.00	
	4c Home maintenand						4c.	\$200.00	

4d. Homeowner's association or condominium dues

4d.

\$0.00

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Debtor 1 Walter J. Cronin, Jr Case number (if known) 21-17037

First Name Middle Name Last Name

	You	r expenses
Additional mortgage payments for your residence, such as home equity loans	5.	\$0.00
Utilities:		_
6a. Electricity, heat, natural gas	6a. ——	\$250.00
6b. Water, sewer, garbage collection	6b	\$85.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c	\$285.00
6d. Other. Specify:	6d	\$0.00
Food and housekeeping supplies	7.	\$675.00
Childcare and children's education costs	8.	\$65.00
Clothing, laundry, and dry cleaning	9.	\$150.00
Personal care products and services	10.	\$100.00
Medical and dental expenses	11.	\$100.00
Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$200.00
Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$100.00
Charitable contributions and religious donations	14.	\$5.00
. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a	\$0.00
15b. Health insurance	15b	\$0.00
15c. Vehicle insurance	15c	\$308.00
15d. Other insurance. Specify:	15d	\$0.00
Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.		
Specify:	16.	\$0.00
Installment or lease payments:		4
17a. Car payments for Vehicle 1	17a.	\$0.00
17b. Car payments for Vehicle 2	17b.	\$0.00
17c. Other. Specify: Non Filing Spouse's Auto Payment	17c.	\$375.00
17d. Other. Specify:	17d.	\$0.00
Your payments of alimony, maintenance, and support that you did not report as deducted	18.	\$0.00
from your pay on line 5, Schedule I, Your Income (Official Form 106I).		ψ0.00
Other payments you make to support others who do not live with you. Specify:	19.	\$0.00
Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	-	
20a. Mortgages on other property	20a	\$0.00
20b. Real estate taxes		\$0.00
20c. Property, homeowner's, or renter's insurance	20c.	\$0.00
20d. Maintenance, repair, and upkeep expenses	20d.	\$0.00
20e. Homeowner's association or condominium dues	20e.	\$0.00

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Debtor 1	Walter	J.	Cronin, Jr	Case number (if known)	Case number (if known) 21-17037		
	First Name	Middle Name	Last Name				
21. Other. Sp	ecify: Non Filing S	pouses Personal Bills &	Misc. Expenses	21. +	\$150.00		
22. Calculate	your monthly expens	ses.					
22a. Add I	ines 4 through 21.			22a	\$4,810.33		
22b. Copy	line 22 (monthly expe	enses for Debtor 2), if any	from Official Form 106J-2	22b.	\$0.00		
22c. Add li	ne 22a and 22b. The	result is your monthly exp	22c	\$4,810.33			
3. Calculate	your monthly net inc	come.					
23а. Сору	line 12 (your combine	ed monthly income) from	Schedule I.	23a. <u> </u>	\$5,110.84		
23b. Copy	your monthly expense	es from line 22c above.		23b	\$4,810.33		
23c. Subtra	act your monthly expe	nses from your monthly in	come.		****		
The	result is your <i>monthly</i>	net income.		23c	\$300.51		
24. Do you e x	meet an increase or o	decrease in vour expens	es within the year after you file this f	iorm?			
For examp	· ble, do you expect to fi	nish paying for your car lo	an within the year or do you expect yo	ur			
	payment to increase of	or decrease because of a	modification to the terms of your mor	tgage?			
⊻ No. ☐Yes.	None						

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Debtor 1	Walter	J.	Cronin, Jr	Case number (if known) 21-17037
	First Name	Middle Name	Last Name	
				Amount
				Allount
6c. Telepho	ne, cell phone, Interne	et, satellite, and cable s	ervices	
				\$85.00
Cell Se	rvice			\$200.00

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Fill in this information	to identify your case:			
Debtor 1	Walter	J.	Cronin, Jr	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bankro	uptcy Court for the:		District of New Jersey	
Case number (if known)	21-17037	7		Check amend

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your

schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you and check the box at the top of this page.	must fill out a new Summary
Part 1: Summarize Your Assets	
	Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$203,850.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$7,120.00
1c. Copy line 63, Total of all property on Schedule A/B	\$210,970.00
Part 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
 Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 	\$185,000.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$4,065.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$17,854.65
Your total liabilities	\$206,919.65
Part 3: Summarize Your Income and Expenses	
4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$5,110.84
Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$4,810.33

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Case number (if known) 21-17037

Cronin, Jr

		First Name	Middle Name	Last	t Name				
Par	t 4: Answ	er These Ques	tions for Adminis	strative ar	nd Statistical Reco	ords			
	-		er Chapters 7, 11, or on this part of the form		box and submit this forr	n to the court v	with yo	ur other schedules.	
√	Your debts family, or ho Your debts	usehold purpose."	sumer debts. Consum 11 U.S.C. § 101(8). Fi consumer debts. You	II out lines 8-	those "incurred by an in 9g for statistical purpos g to report on this part of	es. 28 U.S.C.	. § 159.		
8. Fr Fo	om the <i>State</i> orm 122A-1 Lir	ment of Your Cur ne 11; OR, Form 12	rent Monthly Income 12B Line 11; OR , Form	≆ Copy your to n 122C-1 Line	otal current monthly inco	ome from Offic	cial		\$7,378.00
9. C c	opy the follow	ring special catego	ories of claims from F	Part 4, line 6 o	of Schedule E/F:		То	tal claim	
	From Part 4	on Schedule E/F,	copy the following:						
9	9a. Domestic	support obligations	(Copy line 6a.)				-	\$0.00	
(9b. Taxes and	certain other debts	you owe the governm	ent. (Copy lin	ne 6b.)		-	\$0.00	
•	9c. Claims for	death or personal	njury while you were i	ntoxicated. (C	Copy line 6c.)		-	\$0.00	
•	9d. Student lo	ans. (Copy line 6f.)					-	\$0.00	
,		arising out of a seopy line 6g.)	paration agreement o	or divorce that	t you did not report as p	riority	-	\$0.00	
,	9f. Debts to pe	ension or profit-sha	ring plans, and other	similar debts.	. (Copy line 6h.)		+ _	\$0.00	1
(9g. Total . Add	I lines 9a through 9	if.				_	\$0.00	

Debtor 1

Walter

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Fill in this information	to identify your case:			
Debtor 1	Walter	J.	Cronin, Jr	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bankru	ptcy Court for the:		District of New Jersey	
Case number (if known)	21-1703	7		

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NOT an	attorney to help you fill out bankruptcy forms?
√No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
In dealer was altered to a few authors I dealers that I have an addition	and the state of t
Under penalty of perjury, I declare that I have read the	e summary and schedules filed with this declaration and that they are true and correct.
Under penalty of perjury, I declare that I have read the	e summary and schedules filed with this declaration and that they are true and correct.
Under penalty of perjury, I declare that I have read the	e summary and schedules filed with this declaration and that they are true and correct.
V	e summary and schedules filed with this declaration and that they are true and correct.
/s/ Walter J. Cronin, Jr Walter J. Cronin, Jr, Debtor 1	e summary and schedules filed with this declaration and that they are true and correct.
X /s/ Walter J. Cronin, Jr	e summary and schedules filed with this declaration and that they are true and correct.

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Fill in this information t	to identify your case:			
Debtor 1	Walter	J.	Cronin, Jr	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bankru	ptcy Court for the:		District of New Jerse	,
Case number (if known)	21-17037	<u>, </u>		

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

What is your curren	t marital status?				
✓ Married					
■ Not married					
During the last 3 year	rs, have you lived anywhere ot	ther than where you live n	ow?		
☑ No					
Yes. List all of the	places you lived in the last 3 year	ars. Do not include where y	ou live now.		
Debtor 1:		Dates Debtor 1 lived there	Debtor 2:		Dates Debtor 2 lived there
			☐ Same as Debtor 1		Same as Debtor 1
		_ From			_ From
Number Street		To	Number Street		To
City	State ZIP Code	-	City	State ZIP Code	_
			☐ Same as Debtor 1		☐ Same as Debtor 1
		_ From			_ From
Number Street		To	Number Street		To
City	State ZIP Code	-	City	State ZIP Code	_
	rs, did you ever live with a spo nia, Idaho, Louisiana, Nevada, I				property states and territorie
√ No					
Non Make aureur	ou fill out <i>Schedule H: Your Cod</i>	debtors (Official Form 106)	⊣ \		

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Debtor 1	Walter	J.	Cronin, Jr		Case number (if known) 21-17037			
	First Name	Middle N	Name Last Name					
Part 2: Ex	kplain the Source	s of Your	Income					
			nt or from operating a busine					
			from all jobs and all businesse		S			
If you are filir	ng a joint case and you	ı have incom	e that you receive together, list	it only once under Debtor 1.				
☐ No								
Vas F	ill in the details.							
100.1	iii ii i tiic detaile.							
			Debtor 1		Debtor 2			
			Sources of income	Gross Income	Sources of income	Gross Income		
			Check all that apply.	(before deductions and	Check all that apply.	(before deductions and		
				exclusions)		exclusions)		
			-4					
From Jan	uary 1 of current yea	r until the	☑ Wages, commissions,	\$31,304.00				
date you f	filed for bankruptcy:		bonuses, tips	φο1,004.00	bonuses, tips			
			Operating a business		Operating a business			
Coulcat -	olondor veces		☑ Wages, commissions,		Mogos commissions			
	alendar year:	20 \	bonuses, tips	\$67,915.00	■ Wages, commissions, bonuses, tips			
(January 1	I to December 31, 202	<u>20 </u>	Operating a business		Operating a business			
			operating a baciness		operating a baciness			
For the co	alendar year before th	act:	☑ Wages, commissions,		☐ Wages, commissions,			
	to December 31, <u>20</u>		bonuses, tips	\$108,016.98	bonuses, tips			
(January i	1 to December 31, 20	YYYY	Operating a business		Operating a business			
			·					
payments; polyhave income	ensions; rental income	; interest; div				oloyment, and other public benei u are filing a joint case and you		
100.1	Too. I iii iii die detaile.		D 14 4		Dahtan 0			
			Debtor 1		Debtor 2			
			Sources of income	Gross income from each	Sources of income	Gross Income from each		
			Describe below.	source	Describe below.	source		
				(before deductions and exclusions)		(before deductions and exclusions)		
				CACIDSIONS)		CACIUSIOI 13)		
From Jan	uary 1 of current yea	r until the						
	filed for bankruptcy:							
	alendar year:							
(January 1	I to December 31, 202	<u>20 </u>						
		1111						
			 _					
For the ca	alendar year before th	at:						
	I to December 31, <u>20</u>							
. ,	, <u></u>	YYYY						
								

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Debtor 1	Walter			Cronin, Jr		Case r	number (if I	known) <u>21-17037</u>			
	First Na		liddle Name	Last Name							
Part 3:	List Certai	n Payments	You Made E	Before You Filed	d for Bankruptcy						
6. Are eith	er Debtor 1's	or Debtor 2's de	ebts primarily	consumer debts?							
□ No.	Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."										
	During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?										
	■ No. Go to line 7.										
	* Subject to	* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.									
√ Yes.	Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?										
	✓ No. Go	✓ No. Go to line 7.									
	Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.										
				Dates of payment	Total amount pa	id Amount you s	till owe	Was this payment for			
								☐Mortgage			
	Creditor's Na	me			_			□ Car			
					_			Credit card			
	Number S	Street						Loan repayment			
					_			Suppliers or vendors			
								Other			
	City	State	ZIP Code								
Insiders in officer, dire proprietor. No	nclude your re ector, person . 11 U.S.C. §	latives; any gene in control, or owr	ral partners; rener of 20% or renerts for dome	elatives of any gene nore of their voting	ral partners; partnersh	naging agent, including	eneral partn	er; corporations of which you are a usiness you operate as a sole			
				Dates of payment	Total amount paid	Amount you still owe	Reason	for this payment			
 											
Insider's	Name										
Number	Street										
City		State ZIF	P Code								

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tor 1	Walter First Name	J. Middle Name	Cronin, Jr Last Name		Case i	Case number (if known) 21-17037			
	2								
	year before you filed ments on debts guarar			ments or transfer any	property on account of	a debt that	benefited an insider?		
√ No			y a.r						
_	st all payments that be	enefited an insider.							
			Dates of	Total amount paid	Amount you still owe	Reason fo	or this payment		
			payment	·			editor's name		
nsider's N	lame								
umber	Street								
ity	State	ZIP Code							
_	ill in the details.		Nature of the case		ırt or agency		Status of the case		
					t Name		On appeal Concluded		
Case num	nber			Numl	per Street				
				City	State ZIP Code		de		
neck all tha	year before you filed at apply and fill in the do to line 11.	details below.			eclosed, garnished, atta		d, or levied? Value of the propert		
			BMW	the property		Date	value of the property		
Wells Far reditor's N	rgo Dealer Services Name		-			6/2021			
1451 Tho umber	omas Langston Road Street		Explain w	hat happened					
			_	y was repossessed.					
			_	y was foreclosed.					
	e, NC 28590		_ Propert	y was garnished.					
City	Sta	te ZIP Code	☐ Propert	y was attached, seized	d, or levied.				

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otor 1	Walter	J.	Cronin, Jr	Case number (if known	n) <u>21-17037</u>
	First Name	Middle Name	Last Name		
	O days before you fil ayment because you		did any creditor, including a bank or financial	institution, set off any amounts fr	om your accounts or refuse
√No					
Yes. Fil	II in the details.				
			Describe the action the creditor took	Date action was	Amount
	I			taken	
Creditor's N	vame				
Number	Street		-		
City	State	e ZIP Code	Last 4 digits of account number: XXXX		
			Last 4 digits of account number. AVAX		
			as any of your property in the possession of	an assignee for the benefit of cred	itors, a court-appointed
Mo No	ustodian, or anothe	er Official?			
_					
Yes					
rt 5: Lis	st Certain Gifts	and Contribution	ons		
. Within 2	years before you file	ed for bankruptcy,	did you give any gifts with a total value of mo	re than \$600 per person?	
√No					
Yes. Fil	II in the details for ea	ach gift.			
	h a total value of mo	-	Describe the gifts	Dates you gave	Value
person				the gifts	
Person to \	Whom You Gave the C	Gift			
Ni	Otan at				
Number	Street				
City	91	tate ZIP Code	-		
•					
Person's re	elationship to you				
. Within 2	years before you file	ed for bankruptcy,	did you give any gifts or contributions with a t	total value of more than \$600 to an	y charity?
√No					•
	II in the details for ea	ach aift or contribution	nn		
u res. Fil	ii iii tile uetalis iui ea	ion giit or contributio	л.		

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	Walter	J.	Cronin, Jr	Case number (if kno	WII) <u>21 17007</u>
	First Name	Middle	Name Last Name		
	contributions to charitie e than \$600	es that	Describe what you contributed	Date you contributed	Value
harity's Na	ame				
lumber	Street				
City	State ZIP (Code			
t 6: Lis	st Certain Losses				
Within 1	year before you filed for	r bankru	ptcy or since you filed for bankruptcy, did you lose anyt	thing because of theft, fire, of	her disaster, or gambling?
√No					
Yes. Fil	I in the details.				
	the property you lost ar	nd D	escribe any insurance coverage for the loss	Date of your loss	Value of property lost
	oss occurred		aclude the amount that insurance has paid. List pending	Date of your loss	value of property lost
			surance claims on line 33 of Schedule A/B: Property.		
rt 7: Lis	st Certain Payment	ts or T	ransfers		
t 7: Lis	st Certain Payment	ts or T	ransfers		
Within 1	year before you filed for	r bankru	uptcy, did you or anyone else acting on your behalf pay o	or transfer any property to any	vone you consulted about
. Within 1 yeking ban	year before you filed for kruptcy or preparing a k	r bankru bankrup	uptcy, did you or anyone else acting on your behalf pay o		one you consulted about
Within 1 yeking ban	year before you filed for kruptcy or preparing a k	r bankru bankrup	uptcy, did you or anyone else acting on your behalf pay o		one you consulted about
Within 1 geking bandude any a	year before you filed for kruptcy or preparing a k attorneys, bankruptcy pet	r bankru bankrup	uptcy, did you or anyone else acting on your behalf pay o		one you consulted about
Within 1 geking bandude any a	year before you filed for kruptcy or preparing a k	r bankru bankrup	uptcy, did you or anyone else acting on your behalf pay o		one you consulted about
Within 1 yeking banlude any a ☐ No ☐ Yes. Fill	year before you filed for kruptcy or preparing a kattorneys, bankruptcy pet I in the details.	r bankru bankrup	uptcy, did you or anyone else acting on your behalf pay o	in your bankruptcy. Date payment or	one you consulted about
Within 1 yeking banlude any a No Yes. Fill	year before you filed for kruptcy or preparing a kattorneys, bankruptcy pet I in the details.	r bankru bankrup	uptcy, did you or anyone else acting on your behalf pay o tcy petition? parers, or credit counseling agencies for services required i	in your bankruptcy.	
Within 1 yeking band lude any a No Yes. Fill	year before you filed for kruptcy or preparing a kattorneys, bankruptcy pet I in the details. dit Services to Was Paid	r bankru bankrup	uptcy, did you or anyone else acting on your behalf pay o tcy petition? parers, or credit counseling agencies for services required i	in your bankruptcy. Date payment or	
Within 1 yeking ban laude any a laude and	year before you filed for kruptcy or preparing a kattorneys, bankruptcy pet I in the details. dit Services to Was Paid	r bankru bankrup	uptcy, did you or anyone else acting on your behalf pay o tcy petition? parers, or credit counseling agencies for services required i	in your bankruptcy. Date payment or	Amount of payment
Within 1 yeking bandude any a No Yes. Fill Allen Crece Person Wh	year before you filed for kruptcy or preparing a kattorneys, bankruptcy pet I in the details. dit Services for Was Paid	r bankru bankrup	uptcy, did you or anyone else acting on your behalf pay o tcy petition? parers, or credit counseling agencies for services required i	in your bankruptcy. Date payment or	Amount of payment
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Within 1 yeking ban elude any a No Yes. Fill Allen Crec Person When PO Box 19 Number	year before you filed for kruptcy or preparing a kattorneys, bankruptcy pet I in the details. dit Services to Was Paid Street	r bankru bankrup ition pre	uptcy, did you or anyone else acting on your behalf pay o tcy petition? parers, or credit counseling agencies for services required i	in your bankruptcy. Date payment or	Amount of payment
Within 1 yeking ban elude any a No Yes. Fill Allen Crece Person When PO Box 19 Number Wessingto City	year before you filed for kruptcy or preparing a kattorneys, bankruptcy pet all in the details. dit Services to Was Paid On, SD 57381 State ZIP 0 ebsite address	r bankru bankrup iition pre	uptcy, did you or anyone else acting on your behalf pay o tcy petition? parers, or credit counseling agencies for services required i	in your bankruptcy. Date payment or	Amount of payment
Within 1 yeking ban elude any a No Yes. Fill Allen Crece Person When PO Box 19 Number Wessingto City	year before you filed for kruptcy or preparing a kattorneys, bankruptcy pet attorneys, bankruptcy pet I in the details. dit Services to Was Paid Street on, SD 57381 State ZIP 0	r bankru bankrup iition pre	uptcy, did you or anyone else acting on your behalf pay o tcy petition? parers, or credit counseling agencies for services required i	in your bankruptcy. Date payment or	Amount of payment
Within 1 yeking ban elude any a No Yes. Fill Allen Crece Person When PO Box 19 Number Wessingto City	year before you filed for kruptcy or preparing a kattorneys, bankruptcy pet all in the details. dit Services to Was Paid On, SD 57381 State ZIP 0 ebsite address	r bankru bankrup iition pre	uptcy, did you or anyone else acting on your behalf pay o tcy petition? parers, or credit counseling agencies for services required i	in your bankruptcy. Date payment or	Amount of payment

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Description and value of any property transferred Date payment or transfer was made Person Who Was Paid Number Street Dity State ZIP Code Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the dinary course of your business or financial affairs? Stude both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). In onto include gifts and transfers that you have already listed on this statement. Description and value of property Describe any property or payments received or debts paid in exchange Date transfer was made	btor 1	Walter	J.	Cronin, Jr		Case number (if kno	wn) <u>21-17037</u>
Lenkins & Claymen Street		First Name	Middle	e Name Last Name			
Attorney's Fee ### Attorn				Description and value of any property tra	nsferred	• •	Amount of payment
Audition NJ 08106 Audition NJ 08106 City State ZIP Code Email or website address Person Who Made the Payment, if Not You Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help all with your creditors or to make payments to your creditors? No Yes. Fill in the details. Description and value of any property transferred Date payment or transfer was made Description and value of any property transferred transfer was made Number Street Dity State ZIP Code Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the dinary course of your business or financial affairs? Aude both outlight transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Interest or mortgage on your property. No Yes. Fill in the details. Description and value of property Describe any property or payments received Date transfer was made Description and value of property Transferred Description and value of property Person Who Received Transfer Number Street						transfer was made	
Audution, NJ 08106 Dily State ZIP Code	Person Wh	io Was Paid		Attorney's Fee			#005.00
Audubon, NJ 08106 Description and value of any property transferred any property to anyone, other than property transferred in the distals on your property. Description and value of property Street Within 2 years before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help all with your creditors or to make payments to your creditors? Incit include any payment or transfer that you listed on line 16. Description and value of any property transferred Date payment or transfer was made Description and value of any property transferred Date payment or transfer was made Description and value of any property transferred in the distals of transfer was made Within 2 years before your filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the distals ourse of your business or financial affairs? Audio both outly if transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). The course of your fusions and transfers that you have already listed on this statement. No have a list of the details. Description and value of property Describe any property or payments received Date transfer was made Date transfer was made Date transfer was made							\$685.00
Email or website address Person Who Made the Payment, if Not You Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help all with your creditors or to make payments to your creditors? Into include any payment or transfer that you listed on line 16. Into line deany payment or transfer that you listed on line 16. Description and value of any property transferred Date payment or transfer was made Person Who Was Paid Number Street Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the dinary course of your business or financial affairs? Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the dinary course of your business or financial affairs? No Yes. Fill in the details. Person Who Received Transfer Description and value of property Description and value of property or payments received or debts paid in exchange Date transfer was made	Number	Street					
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al with your creditors or to make payments to your creditors? not include any payment or transfer that you listed on line 16. No Yes. Fill in the details.	Person Wh	o Made the Payment,	if Not You	-			
al with your creditors or to make payments to your creditors? not include any payment or transfer that you listed on line 16. No Yes. Fill in the details.							
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Person Who Was Paid Date payment or transfer was made Date payment or payment or payment or payment property or payment property or payment property or payment property was made Date payment or transfer was made Date payment or payment property or payment property payment prope	√ No						
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Number Street Dity State ZIP Code				Description and value of any property tra	nsferred		Amount of payment
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Person Who Received Transfer Number Street Description and value of property transferred Description and value of property or debts paid in exchange Date transfer was made Date transfer was made Date transfer was made		le gifts and transfers	that you hav	ve already listed on this statement.			
Person Who Received Transfer Number Street City State ZIP Code Description and value of property transfer was property or payments received or debts paid in exchange Date transfer was made Date transfer was made							
Person Who Received Transfer Number Street City State ZIP Code	∟ Yes. Fil	I in the details.					
Number Street City State ZIP Code					Describe any prop or debts paid in ex	erty or payments recei cchange	
Number Street City State ZIP Code							
City State ZIP Code	Darson Wh	a Desaited Transfer					
City State ZIP Code	Person Wh	o Received Transfer					
	Person Wh Number						
	Number	Street	ZIP Code				

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ebtor 1	Walter First Name	J. Middle Name	Cronin, Jr Last Name		Case number (if known) 21	-17037
	0 years before you t asset-protection dev		d you transfer any property t	to a self-settled trust or simi	lar device of which you are	a beneficiary? (These a
√ No						
☐Yes. Fi	II in the details.					
		Descripti	on and value of the propert	y transferred		Date transfer was
Name of tr	rust				-	
			struments, Safe Depos			
transferred? Include chec	? king, savings, mone		e any financial accounts or in cial accounts; certificates of de		-	
□No	s, accordance to the control of the		5.			
	ll in the details.					
		Last 4 d	igits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
PNC Ban	k					
Name of Fi	nancial Institution	XXXX-			2021	\$0.00
PO Box 3				Savings		
Number	Street			☐ Money market		
				Brokerage		
				Other		
Pittsburgh City	n, PA 15230 S tate 2	ZIP Code				
21. Do you r valuables?	now have, or did you	ı have within 1 year be	fore you filed for bankruptcy	y, any safe deposit box or of	ther depository for securiti	es, cash, or other
√ No						
☐Yes. Fi	II in the details.					
		Who el	se had access to it?	Describe the con	ntents	Do you still have it?
Name of Fi	nancial Institution	Name				□ No □ Yes
Number	Street	Number	Street			
		City	State ZIP Cod	le		
City	State	ZIP Code		_		_

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Debtor 1	Walter First Name	J. Middle Name	Cronin, Jr Last Name	Case number (if known) 2	1-17037
	i iist ivaine	Wildele Hame	Last Name		
22. Have yo	ou stored property in	a storage unit or place	other than your home within	1 year before you filed for bankruptcy?	
√ No			•		
— □Yes. F	fill in the details.				
	u.o dotao.	Who els	se has or had access to it?	Describe the contents	Do you still have
		***************************************	e rids of ridu docess to it:	bescribe the contents	it?
					□No
Name of S	Storage Facility	Name			Yes
Number	Street	Number	Street		
		City	State ZIP Code		
City	State 2	ZIP Code			
Part 9: Id	dentify Property	You Hold or Contro	ol for Someone Else		
22 Do you	hold or control any r	property that company	oloo oumo? Inoludo ony prop	erty you borrowed from, are storing for, or hold in	truct for compone
Z3. Do you ✓ No	riold or control ariy p	property that someone	eise owns? include any prope	erty you borrowed from, are storing for, or floid in	trust for someone.
	20 to decide 21				
☐ Yes. F	Fill in the details.				
		Where i	s the property?	Describe the property	Value
Owner's N	lame	Number	Street		
Number	Street				
Number	Street			_	
		City	State ZIP Code		
City	State 2	ZIP Code			
Oily	State 1	0000			
Part 10:	Give Details Abo	ut Environmental I	nformation		
For the pur	rnoso of Bart 10, the	following definitions a	nnlv:		
■ Enviror	n <i>mental law</i> means an	y federal, state, or local	statute or regulation concernin	ng pollution, contamination, releases of hazardous or l luding statutes or regulations controlling the cleanup	
	, or material.				
includir	ng disposal sites.		•	, whether you now own, operate, or utilize it or used to	•
contam	ninant, or similar term.			waste, hazardous substance, toxic substance, hazardo	ous materiai, poliutant,
•			know about, regardless of wh	•	
	y governmental unit i	notified you that you m	ay be liable or potentially liab	ole under or in violation of an environmental law?	
√ No					
☐Yes. F	fill in the details.				

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Name of site	irst Name	Middle	Name Last Name		
Nome of site					
Nama of site			Governmental unit	Environmental law, if you know it	Date of notice
varrie or site			Governmental unit	-	
				_	
Number Stre	et		Number Street		
			City State ZIP Code	_	
City	State 2	ZIP Code			
Have you not	ified any gover	enmantal uni	it of any release of hazardays mate	rio!2	
. Have you not ✓ No	med any gover	nmentai uni	it of any release of hazardous mater	nai ?	
Yes. Fill in t	ne details.				
			Governmental unit	Environmental law, if you know it	Date of notice
Name of site			Governmental unit	_	
Number Stre	et		Number Street		
				_	
			City State ZIP Code		
City	State 2	ZIP Code			

City

State

ZIP Code

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ebtor 1	Walter	J.	Cronin, Jr	Case number (if known) 21-17037
	First Name	Middle		
Part 11: 0	Give Details Ab	out Your Bu	usiness or Connections to Any E	Business
27. Within 4	years before you	filed for bankr	uptcy, did you own a business or have	any of the following connections to any business?
□ A	sole proprietor or s	self-employed i	n a trade, profession, or other activity, eith	er full-time or part-time
□ A	member of a limite	ed liability comp	any (LLC) or limited liability partnership (LLP)
□ A	partner in a partne	ership		
☐ A	n officer, director, o	r managing ex	ecutive of a corporation	
☐ A	n owner of at least	5% of the votin	g or equity securities of a corporation	
✓ No. No	one of the above ap	plies. Go to Par	t 12.	
Yes. Cl	heck all that apply a	above and fill in	the details below for each business.	
			Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Name				EIN:
Number	Street			
			Name of accountant or bookkeeper	Dates business existed
				FromTo
City	State	ZIP Code		
28. Within 2 or other par		filed for bankr	uptcy, did you give a financial statemer	t to anyone about your business? Include all financial institutions, creditors,
✓No				
☐ Yes. Fi	II in the details belo	ow.		
			Date issued	
Name			MM/DD/YYYY	
Number	Street			
City	State	ZIP Code		

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Case number (if known) 21-17037

Cronin, Jr

Debtor 1

Walter

First Name Middle Name Last Name Sign Below Part 12: I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. X /s/ Walter J. Cronin, Jr Signature of Walter J. Cronin, Jr, Debtor 1 Date 09/27/2021 Did you attach additional pages to your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? **√**No Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? **√**No Attach the Bankruptcy Petition Preparer's Notice, Yes. Name of person _ Declaration, and Signature (Official Form 119).

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Fill in this information t	o identify your case:			
Debtor 1	Walter	J.	Cronin, Jr	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:			District of New Jersey	
Case number (if known) 21-17037				

Check as directed in lines 17 and 21:				
According to the calculations required by this Statement:				
✓ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).				
2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).				
✓ 3. The commitment period is 3 years.				
☐ 4. The commitment period is 5 years.				
☐ Check if this is an amended filing				

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case.11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

Column A

Column B

			Debtor 1	Debtor 2 or non-filing spouse		
Your gross wages, salary, tips, bonuses, overtime, and opayroll deductions).	3. 2. 2. 3. 3. 3. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.					
3. Alimony and maintenance payments. Do not include payr	ments from a spouse.		\$0.00	\$0.00		
4. All amounts from any source which are regularly paid for dependents, including child support. Include regular comembers of your household, your dependents, parents, and from a spouse. Do not include payments you listed on line 3.	ntributions from an un I roommates. Do not in	married partner,	\$0.00	\$0.00		
5. Net income from operating a business, profession, or farm	Debtor 1	Debtor 2				
Gross receipts (before all deductions)	\$0.00	\$0.00				
Ordinary and necessary operating expenses	- \$0.00 -	\$0.00				
Net monthly income from a business, profession, or farm	\$0.00	\$0.00 Copy		\$0.00		
6. Net income from rental and other real property	Debtor 1	Debtor 2				
Gross receipts (before all deductions)	\$0.00	\$0.00				
Ordinary and necessary operating expenses	- \$0.00 -	\$0.00				
Net monthly income from rental or other real property	\$0.00	\$0.00 Copy	W(1 (1)(1)	\$0.00		

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Cronin, Jr Case number (if known) 21-17037 First Name Middle Name Last Name Column A Column B Debtor 2 or Debtor 1 non-filing spouse 7. Interest, dividends, and royalties 8. Unemployment compensation \$0.00 \$0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you..... \$0.00 For your spouse..... \$0.00 9. Pension or retirement income. Do not include any amount received that was a benefit under \$0.00 \$0.00 the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. \$83.33 Avg Monthly Commissions \$0.00 Total amounts from separate pages, if any. \$4,348.00 \$3,030.00 \$7,378.00 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Total average monthly income Determine How to Measure Your Deductions from Income 12. Copy your total average monthly income from line 11. \$7,378.00 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. \$0.00 \$0.00 Copy here. -\$7,378.00 14. Your current monthly income. Subtract the total in line 13 from line 12.

Debtor 1

Walter

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Debt	or 1	Walter	J.	Cronin, Jr	Case n	number (if known) 21-1703	7
		First Name	Middle Name	Last Name			
15.	Calculate you	ır current monthly in	ncome for the year. Fol	llow these steps:			
							\$7,378.00
	Multiply	line 15a by 12 (the nu	umber of months in a ye	ear).			x 12
	15b. The res	ult is your current mo	onthly income for the yea	ar for this part of the	form		\$88,536.00
16.	Calculate the	median family incor	me that applies to you	. Follow these step	::		
	16a. Fill in th	e state in which you li	ive.		New Jersey		
	16b. Fill in th	e number of people in	n your household.		3		
	16c. Fill in the	e median family incor	me for your state and si	ze of household			\$112,416.00
			dian income amounts, q list may also be availat		link specified in the separate y clerk's office.		
17.	How do the li	nes compare?					
	17a. 1 Lir 13	ne 15b is less than or 325(b)(3). Go to Part	equal to line 16c. On the	ne top of page 1 of t	nis form, check box 1, <i>Disposable income</i> posable <i>Income</i> (Official Form 122C–2).	s is not determined under 11	1 U.S.C. §
	to				neck box 2, <i>Disposable income is determi</i> Official Form 122C-2). On line 39 of that i		
Par	t 3: Calcula	ate Your Commit	tment Period Unde	er 11 U.S.C. §1	325(b)(4)		
18.	Copy your to	tal average monthly	income from line 11				\$7,378.00
19.					is not filing with you, and you contend that		
1	9a. If the mari	al adjustment does no	ot apply, fill in 0 on line	19a			- \$0.00
1	9b. Subtract I	ine 19a from line 18.					\$7,378.00
20.	Calculate you	ır current monthly in	ncome for the year. Fol	llow these steps.			-
		-	-				#7.070.00
2				•••••		••••	\$7,378.00
	Multiply by	12 (the number of mo	onths in a year).				x 12
2	0b. The result i	s your current monthly	ly income for the year fo	or this part of the fo	m.		\$88,536.00
2	0c. Copy the m	edian family income f	for your state and size o	of household from li	ne 16c		\$112,416.00
21.	How do the li	nes compare?					_
5	Line 20b is The commit	ess than line 20c. Un ment period is 3 years	nless otherwise ordered s. Go to Part 4.	by the court, on the	top of page 1 of this form, check box 3,		
			line 20c. Unless other riod is 5 years. Go to Pa		court, on the top of page 1 of this form,		
Par	t 4: Sign B	elow					
	By signing here	e, under penalty of pe	rjury I declare that the in	nformation on this s	tatement and in any attachments is true a	and correct.	
	X /s/ W	alter J. Cronin, Jr					
	Signati	ure of Debtor 1					
	_	9/27/2021 MM/ DD/ YYYY	_				
	-	17a, do NOT fill out o		(O1' - 00 1'-	h-16	an form Pan 4.4. I	
	It you checked	1/b, fill out Form 122	C-2 and file it with this f	form. On line 39 of t	hat form, copy your current monthly incom	ne from line 14 above.	

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IN THE UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY CAMDEN DIVISION

IN RE: Cronin Jr, Walter J.	CASE NO 21-17037

CHAPTER 13

			VERIFICATION OF CREDITOR MATRIX		
The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.					
Date	09/27/2021	Signature	/s/ Walter J. Cronin, Jr Walter J. Cronin, Jr, Debtor		

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UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY			
Caption in Compliance with D.N.J. LBR 9004-1(b)			
	Case No.:	21-17037	
In Re:		21 17007	
Cronin Jr, Walter J.	Chapter:	13	
	Judge:		
1. Pursuant to 11 U.S.C. § 329(a) and Fed. R. Bankr compensation was paid to me within one year before the file be rendered on behalf of the debtor(s) in connection with the	ed date of the petition, or agreed to is bankruptcy case is as follows:	attorney for the debtor(s) a be paid to me, for services	rendered or to
	services that may occur postconfirmust demonstrate that additional serv	ation, a flat fee in the amo	unt of
filing of this disclosure if I seek additional comper	nsation and reimbursement of neces	sary expenses.	
Legal services on behalf of the debtor in connection	on with the following are not include	d in the flat fee:	
Representation of the debtor in:			
 adversary proceedings, 			
 loss mitigation/loan modification efformation 	ts,		
 post-confirmation filings and matters be 	prought before the Court.		
I have received:	\$685.00	<u></u>	
The balance due is:	\$4,065.00		
The balance 🗹 will 🔲 will not be paid thr	rough the plan.		

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	☐ Under D.N.J. L hourly fee of			-	ded on behalf of the debtor in this case, ar of my firm that may provide services to the	
	client range from				hat I must receive the Court's approval of	.13
	٠.	ses to be paid to		etition pursuant to D.N.		
	I have re	ceived:				
2.	The source of the	funds paid to me	was:			
	☑ Debtor(s)	☐ Other (spec	cify below)			
3.	If a balance is due	e, the source of fu	ture compensation to	be paid to me is:		
	☑ Debtor(s)	Other (spec	cify below)			
_		ensation with a pe	erson(s) who is not a		unless they are members of my law firm. If a copy of that agreement and a list of the	1
	ed. If possible, Deb) acknowledge that	tor's counsel will a	advise Debtor(s) of the	e use of coverage couns	ehalf in lieu of counsel retained by Debtor(sel for any hearings prior to that hearing. or may not be compensated for their	3)
			WC			
		D	ebtor(s) Initials	Debtor(s) Initia	als	
Debtor(s		=	-		on their behalf in lieu of counsel retained by he undersigned attorney, or members of m	
			WC			
		D	ebtor(s) Initials	Debtor(s) Initia	als	

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The Debtor(s) have reviewed this Disclosure and it is consistent with the terms of the Retainer Agreement.

Date:	09/27/2021	/s/ Walter J. Cronin, Jr
		Debtor
Date:		
		Joint Debtor
Date:	09/27/2021	/s/ Eric J. Clayman
		Debtor's attorney

6.